



**OFFICE OF LABORATORY SERVICES**  
167 11<sup>th</sup> Avenue | South Charleston, WV 25303  
PH: (304) 558-3530 | FX: (304) 558-2006

PLACE BARCODE HERE

OLS USE ONLY

## CORONAVIRUS DISEASE (COVID-19) SPECIMEN SUBMISSION FORM

### PATIENT INFORMATION

PATIENT ID (Chart #, etc.) <small>MAX. 17 CHARACTERS</small>		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 only, optional)	
COUNTY OF RESIDENCE	SEX (at birth) <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. (optional)		
nCoV ID (REQUIRED)		

### SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO		
PHONE NO.		
FAX NO.		

### DATE OF COLLECTION:

#### SITE/SOURCE OF SPECIMEN:

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Nasopharyngeal         | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Oropharyngeal (throat) | <input type="checkbox"/> NP/OP  |

#### TEST(S) REQUESTED:

##### MOLECULAR

- |   |
|---|
| <input type="checkbox"/> Respiratory Pathogen Panel |
| <input type="checkbox"/> nCoV-19 qRT-PCR            |

#### Optional Respiratory Specimen Data

Symptom Onset Date:        /        /

Patient Level of Care:    ☐ Inpatient    ☐ Outpatient

Was specimen pre-screened using a molecular assay for respiratory pathogens?        ☐ Yes    ☐ No

What assay was used?:

- |  |  |
|--|--|
| <input type="checkbox"/> GenMark ePlex           | <input type="checkbox"/> Luminex VERIGENE® |
| <input type="checkbox"/> BioFire FilmArray®      | <input type="checkbox"/> LDT               |
| <input type="checkbox"/> Hologic Panther Fusion® | <input type="checkbox"/> Other _____       |

Result:

COMMENTS:

#### OLS USE ONLY

- |   |
|---|
| <input type="checkbox"/> UNSAT   Reason:      |
| <input type="checkbox"/> UNRELIABLE   Reason: |
| <input type="checkbox"/> SATISFACTORY         |

ACC:  
DE:  
CKD: